

Overview of the Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) is the most substantial funding reform in the child welfare arena in the last 20 years. It aims to correct the value-policy mismatch perpetuated by the former funding system, which incentivized foster care placement and did not provide funding for noncustodial and prevention services. The new approach to funding incentivizes placing children in family settings; providing evidence-based services; and working with relatives who care for children in their families outside of the foster care system. FFPSA impacts a number of areas of child welfare practice, to varying degrees. The most critical elements are highlighted below.

Funding Services to Prevent the Need for Foster Care

FFPSA allows states to use federal funds to provide evidence-based prevention services in three areas: substance abuse treatment, mental health treatment, and in-home parenting skill development. Services may be federally funded for up to a twelve-month period, and families can receive services for multiple periods. There are three standards of evidence considered for these services: promising, supported, and well supported. In order to be reimbursed with federal dollars, half of the funding utilized on preventative services must be spent on those which fall into the well supported category. The Children's Bureau has released program instructions around how services will be evaluated, and a list of the initial 12 programs being reviewed for consideration. On June 6, 2019, the Children's Bureau released additional guidance allowing states with relevant partners, to assess all available services that are likely to be eligible for federal funding and identify the most critical needs throughout the state.

FFPSA also provides the flexibility to use federal funds to support kinship navigator programs. These programs connect people providing kinship care to community-based resources targeted at maintaining and stabilizing the relative placement. The programs must be evidence-based, and families must meet certain requirements in order to be eligible for federally funded services.

Foster Home Licensing and Placement in a Family Setting

The Children's Bureau released model foster home licensure standards which include new requirements for background checks in certain settings. FFPSA also establishes new guidelines for placement in Qualified Residential Treatment Programs (Q RTP) and required quality and service provision standards for this placement type.

Other FFPSA Legislative Changes

FFPSA made modest changes to existing criteria related to Chafee funding, which assigns certain benefit eligibility to young people who experience foster care at age 14 or older. The Act also requires that states take appropriate actions to ensure that children are not misdiagnosed with mental illness or other disorders that could contribute to their being inappropriately placed in group care settings. Additionally, new requirements related to the collection and reporting of child maltreatment fatalities have been prescribed.

South Carolina's Implementation Status as of 11/11/2019 and Next Steps

The Children's Bureau released information memoranda and program instructions to provide states guidance for implementation of FFPSA. As information is received from the Children's Bureau, South Carolina Department of Social Services (SCDSS) is incorporating that information into ongoing planning. SCDSS is assembling workgroups that include critical stakeholders and partners to implement practices, policies, and programs to support FFPSA.

On April 28, 2019, SCDSS formalized its FFPSA governance structure and chartered an executive steering committee to oversee the statewide development and implementation. SCDSS has elected to form two focused FFPSA workgroups (Prevention and Care Continuum) which are comprised of both internal and external stakeholders. The workgroups are tasked with identifying service requirements, QRTF requirements, eligibility, geographic need, policy, funding, and other miscellaneous FFPSA requirements related to their respective areas.

On-Going Implementation Tasks and Activities

Prevention

On July 12, 2019, SCDSS convened the first meeting of its Title IV-E prevention services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers, Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant and Early Childhood Mental Health Association (SCIEMHA), Behavioral Health Services Association (County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), and the SC Children's Trust. In addition to the previously mentioned organizations, the Department has added kin caregivers and is in the process of partnering with birthparents of children with lived experience in the SC child welfare system to serve in an advisory capacity to this group. The workgroup is responsible for assisting the Department in enhancing its service array through the identification and selection of IV-E eligible EBPs across the state. Workgroup meeting occurs every three weeks.

As of November 11, 2019, SCDSS is still working on developing practice guidelines, policy, reimbursement methodology, budget, service selection and mapping, provider qualifications, and defining eligible candidates for services.

Congregate Care and Qualified Residential Treatment Programs (QRTPS)

On November 6, 2019, SCDSS invited community partners and congregate care providers to participate in its FFPSA Care Continuum workgroup to assist the agency in addressing congregate care provisions of FFPSA. The initial meeting date for this workgroup will be set after confirmation of participation by community partners and congregate care providers.

Beginning November 22, 2019, SCDSS will host monthly calls with public providers and other stakeholders through the state to solicit feedback on SCDSS FFPSA efforts.

Licensing

On October 28, 2019 a public hearing was held SCDSS new FFPSA model licensing standards for foster families. A comment period for feedback on proposed standards was closed on 11/8/19. All inquiries during this period were submitted to the SCDSS Office of General Counsel.

Kinship Care

On May 4, 2018, the Administration for Children and Families (ACF) announced a funding opportunity for the development, enhancement, or evaluation of kinship navigator programs. This grant would assist agencies in preparing to participate in newly authorized title IV-E kinship navigator funding options. In July 2018, SCDSS was awarded one of the kinship navigator grants. The funds from the grant are being used to raise awareness of kinship care through the development of outreach materials and community education, offer kinship care support groups, and to provide Attachment Regulation and Competency (ARC) training to kinship caregivers across the state. On October 16, 2019 the Department was awarded additional funds by the ACF to continue its development and evaluation of kinship navigator programs.

In April 2019, SCDSS interviewed kinship caregivers from across the state to inform enhancements to the existing kinship care program. Following the interviews DSS formed an advisory panel to assist the agency in its ongoing kinship related endeavors. As of 11/11/19, members of the Kinship advisory panel have been integrated in various workgroups throughout the agency.

Child Fatality

SCDSS has developed two strategies to enhance the accuracy of child fatality investigations and National Child Abuse and Neglect Data System (NCANDS) data reporting. First, SCDSS has a database to track all child fatalities occurring in South Carolina, that the agency is made aware of. This database allows for data collection around fatality trends in age, ethnicity, region, and contributing factors, as well as monitors the tracking of screening decisions and determinations. The database also serves as one method of tracking for the NCANDS Child Fatality reporting.

A dual-level review process will be implemented going forward to ensure accuracy in NCANDS reporting. Additionally, SCDSS's Child Fatality Unit has begun partnership with the SC Coroner's Association and the National Center for Child Fatality Review and Prevention to enhance the frequency, reach, and efficacy of Child Death Reviews.

0-5 Mental Health

SCDSS has been actively working to place children ages 0-5 in the least restrictive, most family-like settings, unless certain exceptions set forth in policy are met. SCDSS has been successful in this work and there are currently no children ages 0-5 placed in non-family-like settings, except those who meet qualifying exceptions.

SCDSS has identified a statewide service array for children aged 0-5 and continues to partner with the South Carolina Infant and Early Childhood Mental Health Association to advocate for the expansion of mental health services for infant and early childhood mental health.

Plan of Safe Care

To address FFPSA requirements around families and infants affected by substance use disorders, SCDSS published its Plan of safe Care policy on October 1, 2018. As of November 1, 2018, statewide training is ongoing for staff on Plans of safe Care and the risks of alcohol and substance abuse to unborn babies. This training is in process of being revised and updated to include instructions on SACWIS entries to identify newborns between the ages of 0-12 months who have been affected by substance abuse and to track the number of Plans of safe Care which are developed with a family.

SCDSS child welfare staff will provide case management and coordinate with community service providers to ensure assessment, education and recovery supports are offered and developmental screening is considered for all children and families during pregnancy and up to one year after birth.

Completed Tasks

SCDSS's Child Fatality Unit has identified unsafe sleep and suicide as recurring causes of child fatalities in South Carolina. In partnership with SCDSS Staff Development and Training, the Child Fatality Unit has assisted with the development of a Safe Sleep web-based training module to be available as part of required ongoing training for SCDSS staff. A Suicide module will be developed as well.⁷

SCDSS has implemented changes to the Educational and Training Voucher (ETV) by modifying eligibility criteria to eliminate the need for enrollment in a postsecondary educational program prior to the 21st birthday and extended the age of eligibility from age 23 to age 26. Outreach efforts were initiated to notify eligible youth and providers of these changes.

SCDSS modified its John H. Chafee Foster Care Program for Successful Transition to Adulthood program by changing the age of eligibility from 13 to 14 years old, as required by FFPSA. These changes were reflected in agency procedure manuals and handouts. Eligible youth and providers were notified of changes to the program through outreach efforts.

SCDSS reviewed and reported on existing South Carolina Department of Health and Human Services (SCDHHS) and SCDSS policies surrounding the prevention of inappropriate diagnosis and placement of children and youth in appropriate settings.

On September 5, 2018, SCDSS implemented changes to the group home background check process. This process requires that any adult employed within a child-care institution must undergo a fingerprint-based criminal records check of the national crime information databases, including the child abuse and neglect registry checks.

Relevant policies and procedures have been modified to reflect the revised Title IV-E Adoption Assistance program eligibility rules included in FFPSA. All program staff responsible for determining program eligibility and providing program oversight have been trained on the revision in policy and practice.



In order to prepare for a thorough implementation of FFPSA, ensure a quality service array, determine and plan for future legislative changes, and await full guidance from the Children's Bureau, SCDSS has, at this time, decided to delay implementation until October 2021. DSS is excited about the opportunity to enhance prevention practice and work with internal and external partners to support the maintenance of family connections, improving overall well-being and permanency.

For any questions related to DSS's implementation status, please send submit all inquiries to FamilyFirstPSAinfo@dss.sc.gov